

## Quarterly Hazardous Waste Report Off-Site Facility Report

PRO	MOTE PROTECT PROSPER					
	Note: Any compa	nd Address Label from ba any name, address, and/c 11 to be completed			/ Quarter & Year	
		azardous Waste in Storag nis quarter (in pounds).	e 1		ardous Waste Received ter (in pounds).	
	Genera	utor EPA/DHEC ID#	MM	DD / YY	Date Received	
Description of Waste Received  EPA/DHEC Waste Codes  Manifest Tracking Number						
					t Tracking Number	
Management Code				Amount (lbs.)		
	Genera	ator EPA/DHEC ID#	L MM	/	Date Received	
Description of Waste Received						
		EPA/DHEC Waste Code	es	L L L Manifest	Tracking Number	
	Manageme	ent Code			Amount (lbs.)	
VI.	Certification					
	qualified personnel properly garesponsible for gathering the ir penalties for submitting false ir I also certify that I have a selected the method of treatme I also certify the out-of-sta	law that this document and all attachments ther and evaluate the information submitted is, to information, the information submitted is, to information, including the possibility of fine a program in place to reduce the volume and ent, storage, or disposal currently available te generators utilizing this facility have proind future threat to human health and the entitle of the storage.	rd. Based on my inquiry of the perso the best of my knowledge and belie and imprisonment for knowing violat I toxicity of waste generated to the c to me which minimized the preser grams in place to reduce the volume	on or persons who manage the st f, true, accurate, and complete. I ions. legree I have determined to be e at and future threat to human hea	ystem, or those persons directly am aware that there are significant conomically practicable and I have alth and the environment.	
	Signature of Authorized Repre	sentative	Print/Type Name & Telephone Nu	mber	Date	

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